## 402000033428

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| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special instructions to Filing Officer. |  |  |  |  |  |
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Office Use Only



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LD2-33428

03/31/09--01025--005 \*\*55.00

Resignation of Manager Elberto Blanco

N. CAUSSEAUX APR / 2009 EXAMINER

PILED

99 MAR 31 PM 12: 46
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

| SUBJECT: RODEO AUTO SALES LLC  (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  PETER CAMACHO  (Contact Person)  CPASSOCIATED SERVICES INC  (Firm/Company)  |
|--|
| (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  PETER CAMACHO  (Contact Person)  CPASSOCIATED SERVICES INC  (Firm/Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  PETER CAMACHO  (Contact Person)  CPASSOCIATED SERVICES INC  (Firm/Company)  |
| Please return all correspondence concerning this matter to:  PETER CAMACHO (Contact Person)  CPASSOCIATED SERVICES INC (Firm/Company)  |
| PETER CAMACHO (Contact Person)  CPASSOCIATED SERVICES INC (Firm/Company)   |
| CPASSOCIATED SERVICES INC  (Firm/Company)  |
| CPASSOCIATED SERVICES INC  (Firm/Company)  |
| (Firm/Company)   |
|  |
|  |
| 4545 FOREST HILL BLVD - ST 10  |
| (Address)  |
| WEST PALM BEACH, FL 33415  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| PETER CAMACHO at ( 561 ) 237-5520  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida Department of State for:  |
| \$25 Filing Fee \$\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} |
| Certified Copy   |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |
| Registration Section Registration Section  |
| Division of Corporations Division of Corporations  |
| Clifton Building P.O. Box 6327   |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301   |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|                         | DEO AUTO SALE                     |                                | the Florida Department  |
|-------------------------|-----------------------------------|--------------------------------|-------------------------|
|                         | llity company was organized       |                                |                         |
| FLORIDA                 | <u> </u>                          |                                |                         |
| 3. The Florida docu<br> | ment/registration number of 33428 | f this limited liability compa | any is:                 |
| 4. I, ELBERT            | O BLANCO                          | , hereby resign as a N         | 1GR                     |
| (Print No               | ame of Person Resigning)          | , , ,                          | (Print Title)           |
| of this limited liab    | pility company and affirm th      | e limited liability company    | has been notified of my |
| resignation/in wri      | ting.                             |                                |                         |
| Signature of Resi       | gning Member, Managing M          | 1ember or Manager              |                         |
|                         | /                                 |                                |                         |
| Filing Fee:             | \$25.00 (Required)                |                                |                         |
| Cartified Conv.         | \$30.00 (Ontional)                |                                |                         |